

# REPLACEMENT AFFIDAVIT FOR VESSEL

## REGISTRATION CERTIFICATE AND DECAL

E-219 REV. 9-2000



## STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

MARINE VESSEL SECTION  
On The Web At <http://dmvct.org>

*Please return 1 week before Temporary registration expires if permanent registration has NOT been received.*

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**NAME OF REGISTRANT** *(Last, First, Middle Initial)*

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**ADDRESS OF REGISTRANT** *(Number and Street, City or Town, State, Zip Code)*

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**VESSEL REGISTRATION NUMBER:**

**I declare, under the penalties  
of false statement, that my  
vessel registration certificate  
and stickers**

- ☐ **have been lost.**  
☐ **have been stolen.**  
☐ **have not been received.**

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**SIGNATURE OF REGISTRANT**

**X**

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**DATE SIGNED**